

Attachment 4.19 E
pg 1

STATE <i>New Mexico</i>	A
DATE REC'D <i>4-1-91</i>	
DATE APPV'D <i>4-19-91</i>	
DATE EFF <i>1-1-91</i>	
HCFA # <i>91-08</i>	

Amendment 91-08
T.L. 91-08
January 1, 1991

Supersedes: 79-12

The New Mexico Medicaid Program uses 23 claim types. For each claim type, the definition of a claim is the entire document. Each claim type includes the services as identified below:

- 01 Inpatient Hospital: UB82 claim form, inpatient services
- 02 Outpatient Hospital: UB82 claim form, outpatient services
- 03 Home Health: UB82 claim form, home health services
- 04 Dialysis: UB82 claim form, dialysis services
- 05 Rural Health: UB82 claim form, rural health clinic services
- 06 Hospice: UB82 claim form, hospice services
- 07 Federal Qualified Health Center: UB82 claim form, FQHC services
- 08 Physician & related: HCFA 1500 claim form, physician, free-standing clinic, podiatry, and anesthesia services
- 09 Laboratory and X ray: HCFA 1500 claim form, free standing laboratories and X-ray facilities
- 10 Psychology: HCFA 1500 claim form, psychology services
- 11 Vision and Hearing: HCFA 1500 claim form, vision and hearing services
- 12 Midwife: HCFA 1500 claim form, midwife services
- 13 Rehabilitation & misc: HCFA form for rehabilitation services, therapies, case management services, and expanded EPSDT services
- 14 Ambulatory Surgical Centers: HCFA 1500 form, free-standing ambulatory surgical center services
- 15 DME: HCFA 1500 form, durable medical equipment and supplies
- 16 Transportation: HCFA 1500 form for transportation services
- 17 Drug: Pharmacy claim form for pharmacy services

- 18 Dental: Dental claim form, dental services
- 19 EPSDT: EPSDT claim form, EPSDT screening services
- 20 Long Term Care: Turnaround document for long term care
- 21 (not assigned)
- 22 Institutional Cross Over: institutional cross over coinsurance and deductible
- 23 Professional Cross Over: professional cross over coinsurance and deductible
- 24 System Generated Claim: a system generated payment, primary care network administrative fee

STATE	<i>New Mexico</i>	A
DATE REC'D	<i>4-1-91</i>	
DATE APP'D	<i>4-19-91</i>	
DATE EFF	<i>1-1-91</i>	
HCE#	<i>91-08</i>	

Supersedes: 79-12